MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/554111

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		1		1		
5						
6		2		1		
7						
8		1		1		
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TOTAL IND.			1			
TOTAL DEP			7			
TOTAL CLAIMS			8			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP						
TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

BEST AVAILABLE COPY